

Student Form

Student: _____ Teacher: _____ School: _____ Monitor: _____

Ethnicity: _____ ID/SAIS No.: _____ DOB: _____ Eligibility: _____

Primary home language indicated by the parent: _____ Language in which the student is most proficient: _____

Evaluation/Reevaluation							
LEA ✓	Line Item	I-O-U	Description	LEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.1	_____	Current evaluation	<input type="checkbox"/>	II.A.4	_____	Eligibility considerations
<input type="checkbox"/>	II.A.2	_____	Review of existing data	<input type="checkbox"/>		<input type="checkbox"/>	Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and for preschool, a CDA (indicate areas that have not been assessed) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Academics <input type="checkbox"/> Cognitive <input type="checkbox"/> Adaptive </div> <div> <input type="checkbox"/> Social/behavioral <input type="checkbox"/> Communications <input type="checkbox"/> Assistive tech. <input type="checkbox"/> Motor skills <input type="checkbox"/> Other _____ </div> </div>
<input type="checkbox"/>		<input type="checkbox"/>	Current information provided by the parents				
<input type="checkbox"/>		<input type="checkbox"/>	Current classroom-based assessments				
<input type="checkbox"/>		<input type="checkbox"/>	Teachers and related service providers observation(s), including pre-referral interventions				
<input type="checkbox"/>		<input type="checkbox"/>	Statewide assessments				
<input type="checkbox"/>	II.A.3	_____	Team determination of need for additional data	<input type="checkbox"/>		<input type="checkbox"/>	Impact of the disability on performance in educational setting and how progress in general curriculum is affected by the disability
<input type="checkbox"/>		<input type="checkbox"/>	Team determined that existing data were sufficient or determined that additional data were needed	<input type="checkbox"/>		<input type="checkbox"/>	Educational needs to access the general curriculum, including assistive technology
<input type="checkbox"/>		<input type="checkbox"/>	For reevaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>		<input type="checkbox"/>	For reevaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum
<input type="checkbox"/>		<input type="checkbox"/>	Obtained informed parental consent or for reevaluation only, documented efforts to obtain consent	<input type="checkbox"/>		<input type="checkbox"/>	The impact of any educational disadvantage
				<input type="checkbox"/>		<input type="checkbox"/>	The impact of English language learning on progress in general curriculum

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<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student has a specific category of disability	<input type="checkbox"/>		<input type="checkbox"/>	MDSSI—documents multiple disabilities that include at least one of the following: VI or HI
<input type="checkbox"/>		<input type="checkbox"/>	Team determined the student needs special education and related services	<input type="checkbox"/>		<input type="checkbox"/>	OHI—verification by a doctor of medicine
<input type="checkbox"/>		<input type="checkbox"/>	Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information	<input type="checkbox"/>		<input type="checkbox"/>	OI—verification by a doctor of medicine
<input type="checkbox"/>		<input type="checkbox"/>	A —documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>		<input type="checkbox"/>	PSD—documents more than 3.0 SD below the mean in one or more areas
<input type="checkbox"/>		<input type="checkbox"/>	DD—documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for a child who is at least 3 years of age, but under 10 years of age	<input type="checkbox"/>		<input type="checkbox"/>	SLI—documents a communication disorder
<input type="checkbox"/>		<input type="checkbox"/>	ED—verification by a psychologist or psychiatrist	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents a significant discrepancy between achievement and ability in one of the identified areas or failure to respond to intervention (RTI)
<input type="checkbox"/>		<input type="checkbox"/>	HI —verification by an audiologist	<input type="checkbox"/>		<input type="checkbox"/>	SLD—certifies that each team member agrees or disagrees
<input type="checkbox"/>		<input type="checkbox"/>	HI—documents the language proficiency of the student	<input type="checkbox"/>		<input type="checkbox"/>	SLD—documents determination of effects of environmental, cultural, or economic disadvantage
<input type="checkbox"/>		<input type="checkbox"/>	MIID—documents performance on standard measures between 2 and 3 SD below the mean	<input type="checkbox"/>		<input type="checkbox"/>	SID—documents performance at least 4 SD below the mean
<input type="checkbox"/>		<input type="checkbox"/>	MOID—documents performance on standard measures between 3 and 4 SD below the mean	<input type="checkbox"/>		<input type="checkbox"/>	TBI—verification by a doctor of medicine
<input type="checkbox"/>		<input type="checkbox"/>	MD—documents a learning and developmental problem resulting from multiple disabilities	<input type="checkbox"/>		<input type="checkbox"/>	VI—verification by an ophthalmologist
						<input type="checkbox"/>	VI—documents the results of an individualized Braille assessment for a student who is considered blind

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<input type="checkbox"/>	II.A.5	_____	For initial evaluation, the student was evaluated within 60 calendar days # of days over: _____ Reason: _____
Individualized Education Program			
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____)
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if “no” indicate missing members) <input type="checkbox"/> Parent <input type="checkbox"/> LEA Representative <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results <input type="checkbox"/> Special Ed Teacher Interpreter
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to guide steps)
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate
<input type="checkbox"/>		<input type="checkbox"/>	For students eligible for alternate assessments only, short-term instructional objectives or benchmarks
<input type="checkbox"/>		<input type="checkbox"/>	Current progress report includes progress toward goals

LEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.4	_____	Individualized services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, program modifications
<input type="checkbox"/>		<input type="checkbox"/>	Location of services and adaptations
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year
<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with non-disabled peers
<input type="checkbox"/>	III.A.5	_____	Other considerations
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of strategies/supports to address behavior that impedes student's learning or that of others
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of individual accommodations in testing, if appropriate
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of communication needs of the student
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of assistive technology devices and service needs
<input type="checkbox"/>		<input type="checkbox"/>	For ELL students, consideration of language needs related to the IEP
<input type="checkbox"/>		<input type="checkbox"/>	For HI students, consideration of the child's language and communication needs

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LEA ✓	Line Item	I-O-U	Description	LEA ✓	Line Item	I-O-U	Description
	Secondary Transition Line Items (III.A.6 & III.A.7)			<input type="checkbox"/>	III.A.7	_____	Documentation of additional postsecondary transition components
<input type="checkbox"/>	III.A.6	_____	For students 16 years of age or older, documentation of required postsecondary components	<input type="checkbox"/>		<input type="checkbox"/>	By age 17, a statement of rights to transfer at age 18
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals <input type="checkbox"/> No evidence of goals <input type="checkbox"/> Goal content not postsecondary <input type="checkbox"/> Not measurable <input type="checkbox"/> Required goal areas not addressed	<input type="checkbox"/>	III.A.8	_____	IEP reflects student educational needs Reason for “O” call <input type="checkbox"/> No link between evaluation and IEP <input type="checkbox"/> PLAAFP—all student needs not addressed <input type="checkbox"/> IEP goals not aligned with needs <input type="checkbox"/> Postsecondary transition components not addressed
<input type="checkbox"/>		<input type="checkbox"/>	Measurable postsecondary goals updated annually				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s)				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation of one or more transition services/activities that support the postsecondary goal(s)				
<input type="checkbox"/>		<input type="checkbox"/>	Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting when parent consent is obtained				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the postsecondary goals were derived from age-appropriate assessment(s)				
<input type="checkbox"/>		<input type="checkbox"/>	The student’s course of study supports the identified postsecondary goal(s)				
<input type="checkbox"/>		<input type="checkbox"/>	Documentation that the student was invited to meeting				

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Procedural Safeguards/Parental Participation				LEA ✓	Line Item	I-O-U	Description
LEA ✓	Line Item	I-O-U	Description	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	IV.A.1	_____	Notices provided at required times and in a language and form that is understandable to the parent	<input type="checkbox"/>		<input type="checkbox"/>	For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained
<input type="checkbox"/>		<input type="checkbox"/>	Procedural safeguards notice provided to parents within the last 12 months	<input type="checkbox"/>		<input type="checkbox"/>	For PWN, sources to obtain assistance in understanding notice
<input type="checkbox"/>		<input type="checkbox"/>	All required notices provided in a language that is: 1. the native language of the parent 2. understandable to public	<input type="checkbox"/>	IV.A.3	_____	Discipline procedures and requirements followed
<input type="checkbox"/>	IV.A.2	_____	PWN provided at required times and contains required components	<input type="checkbox"/>		<input type="checkbox"/>	Notified parent on the same date the disciplinary decision was made
<input type="checkbox"/>		<input type="checkbox"/>	PWN provided to parents at required times in the last 12 months	<input type="checkbox"/>		<input type="checkbox"/>	If the IEP team determined that behavior was a manifestation of the student's disability, a FBA was conducted and a BIP implemented or if already in place, a BIP reviewed and modified, as necessary
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of action proposed or refused by LEA	<input type="checkbox"/>		<input type="checkbox"/>	If a change in placement occurred, the IEP team conducted a review within 10 school days to determine the relationship between the student's disability and behavior
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, explanation of why the agency proposed or refused to take the action	<input type="checkbox"/>		<input type="checkbox"/>	If the IEP team determined that behavior was a manifestation of the student's disability, the student was returned to placement from which the student was removed, unless parent and LEA agreed to a change of placement
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any options considered and why options were rejected				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of evaluation procedures, tests, records used as a basis for the decision				
<input type="checkbox"/>		<input type="checkbox"/>	For PWN, description of any other relevant factors	<input type="checkbox"/>		<input type="checkbox"/>	For suspension or IAES, student continued to be provided FAPE, including services and adaptations described in the IEP

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